

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>2/3/03</u>		2 Serial/Patent # <u>10/045403</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing		<u>11/16/01</u>	\$ <u>1424.00</u>
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>1424.00</u>
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check	
<input type="checkbox"/>	Duplicate Payment		Credit Deposit A/C #:	
<input checked="" type="checkbox"/>	No Fee Due (Explanation):		9 <u>02--3964</u>	
<u>Duplicate Cases</u>				
<small>           Patent Date: 02/04/2003 AICRHH            2/002 MURKUP 00000017 023964 10045403            101 749.00 CR            103 684.00 CR         </small>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>K. Nelson</u>		TITLE: <u>LIE</u>		
SIGNATURE: <u>K. Nelson</u>		PHONE: <u>305-5531</u>		
OFFICE: <u>OLPE</u>				
*****				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: _____		DATE: _____		

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**